

CDC Newsroom

Transcript of CDC Telebriefing for the Update on 2019 Novel Coronavirus (2019-nCoV)

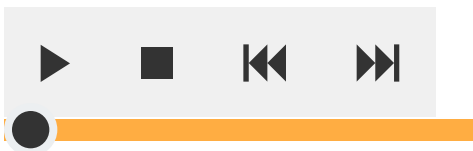
Press Briefing Transcript

Thursday, January 30, 2020

- [Audio recording](#)  [MP3 – 4 MB]

Please Note: This transcript is not edited and may contain errors.

Telebriefing Audio



Operator: Welcome and thank you for standing by. At this time, all lines are in a listen only mode. During the question and answer session, please press star one on your touch tone phone. I'd also like to inform parties of today's conference is being recorded. If you have any objections, you may disconnect at this time. Now I'd like to turn today's conference over to Mr. Benjamin Haynes. Thank you, sir. You may begin.

Ben Haynes: Thank you, Ashley and thank you for joining us for today's 2019 novel coronavirus response update. We're joined by CDC Director Dr. Robert Redfield who will provide opening remarks before turning the call over to our colleagues from Illinois. Dr. Nancy Messonnier from respiratory diseases will provide remarks before we take your questions. At this time, I will turn the call over to Dr. Redfield.

Dr. Robert Redfield: Thank you for joining us today. Today in conjunction with the Illinois Department of Public Health, CDC is announcing the first instance of person-to-person spread of the new coronavirus in the united state. Given what we've seen in china, and other countries with this novel coronavirus, CDC experts have expected to identify some person-to-person spread in the united states. We understand that this may be concerning, but base on what we know now, our assessment remains that the immediate risk to the American public is low. Our colleagues from the Illinois department of health are on the line and will provide you more information about this case of the novel coronavirus, but before I turn it over to them, I'd like to take a few moments to put this news into perspective. Limited person-to-person spread of this new virus outside of china has already been seen in nine close contacts, infecting where travelers were infected and then transmitted the virus to someone else in the country, where these individuals had not traveled to china. However, the full picture of how easy and how sustainable this virus can spread is unclear. Today, news underscores the important risk dependent exposure. The vast majority of Americans have not had recent travel to china, the high-risk areas of transmission where sustained human-to-human transmission is occurring. Other individuals, though, that are close personal contacts of confirmed cases could have a risk, such as the case that you'll hear about from Illinois. It's also important to take this moment to reinforce the

importance that health care workers caring for these patients, now six in the United States, with confirmed infection practice the strict infection control procedures that we recommend. Let me be clear on my final point here. Our goal of the ongoing U.S. Public Health Service response is to contain this outbreak and prevent sustained spread of this virus in our nation. This is why our response here domestically has been aggressive. This is why we're working with all our government partners in our state, local, tribal and territorial groups to address this outbreak. Now I would like to hand this briefing over to my colleague, Illinois Department of Public Health director, Dr. Ezike.

Dr. Ngozi O. Ezike: Thank you so much, Dr. Redfield. As mentioned, this is Dr. Ngozi O. Ezike, director of the Illinois Department of Public Health. I would like to start by thanking Governor J.P. Pritzker for his support. I would like to thank the CDC, our local health partners in Illinois, and our health care providers for the coordinated and collaborative work on this rapidly evolving situation. It is because of the diligent work by health professionals that we were able to identify this second case of new coronavirus in Illinois, while also taking measures to prevent others from being exposed. This second person in Illinois testing positive for the novel coronavirus is a Chicago resident, and is the spouse of the first confirmed travel associated case in Illinois. This second patient did not travel to China, indicating the first person-to-person transmission of novel coronavirus in the United States. I want to echo the statements that Dr. Redfield has already shared and emphasize that the risk to the general public in Illinois remains low. This person-to-person spread was between two very close contacts, a wife and husband. The virus is not spreading widely across the community. At this time, we are not recommending people in the general public to take additional precautions, such as canceling activities or avoiding going out. While there is concern with this second case, public health officials are actively monitoring close contacts, including health care workers, and we believe people in Illinois are at low risk. At this time, we are reporting 21 patients under investigation in Illinois. Again, this is a rapidly evolving situation, and the status of individuals will change as we investigate. Be assured that we are actively monitoring all close contacts, patients under investigation for symptoms. If additional cases are confirmed, we will make sure to share that information as quickly as possible. Again, this is not spreading widely in communities, and the general public is believed to be at low risk. The Illinois Department of Public Health will continue to partner with the CDC, who has a team here in Illinois as well as partner with our local public health departments and health care providers, as we continue our aggressive response effort to minimize transmission, and with that, I would like to now turn it over to our state epidemiologist Dr. Jennifer Layden, who will give more specifics on the case and the investigation.

Dr. Jennifer Layden: Thank you, Dr. Ezike. I would also like to thank our state leadership, as well as all of our public health and health care partners across the state and at the CDC. The first Illinois case, a woman in her 60s, who returned from Wuhan, China, January 13th, is in the hospital in stable condition, and continues to do well. Public health officials have been actively and closely monitoring individuals who had contact with her, including her husband, who had close contact for symptoms. He recently began reporting new symptoms and was immediately admitted to the hospital and placed in an appropriate isolation room, where he is in stable condition. We have now received lab confirmation from the CDC that he indeed has novel coronavirus. Public health officials have been monitoring the identified potential contacts from the first patient and are additionally investigating all exposure areas such as places that were visited by the second patient to identify and communicate with potential contacts. IDPH is working closely with our local health departments, health care partners and the CDC on this investigation, and response. We are taking an aggressive approach in identifying and actively monitoring individuals such as health care workers, household contacts and others who were in contact with either of the confirmed cases in an effort as a goal to contain and reduce the risk of additional transmission. We are proud of the tremendous efforts and dedication of the investigative team and are grateful for the coordination of all involved in this investigation and response. Thank you.

Dr. Nancy Messonnier: Thank you, Dr. Ezike and Dr. Layden, and I would also just like to echo CDC's thanks to you and your staff at the state and local level for your partnership, as well as to thank the health care facility and their staff and patients in close context whose cooperation we count on. I want to give you a short update on a few key aspects of CDC's response. First an update on yesterday's screening in California. All 195 passengers continue to be medically evaluated and risk assessments are ongoing. Second, there has been some confusion over the entry screening. CDC does conduct ill traveler response in all 20 quarantine stations in the United States. We are surging staff to those areas to enhance the ill traveler response capacity. 18 of those are airports, two are associated land border ports of entry. This expansion will take some time. We are working on logistics in the deployment of staff now, and this will take a little longer to be fully operational. At the five active screening locations, screening will continue for any traveler from Wuhan, China, identified by CDP and referred to CDC. In addition, everyone entering the United States from China will be given an information card with instructions on monitoring themselves for symptoms, and what to do if they develop symptoms. Again, that is part of our layered approach to early detection and response to each case in the United States. Last, I want to emphasize what Dr. Redfield said. At this time, we only have six cases of novel coronavirus in the United States and we are looking very closely with our state and local partners to identify contacts of each of these cases to determine if other people might be infected. Despite the fact that we are reporting the first instance of person-to-person spread of this virus in the United States, it's important to note that this spread was among two people who were in close contact for an extended period of time. We've seen this in other countries with this new coronavirus. I understand how this may cause people to be worried about the virus and how it could affect them. This is a very serious public health situation. CDC and our state and local health partners are working to prevent community transmission from happening here. Moving forward, we can expect to see more cases, and more cases mean the potential for more person-to-person spread. We're trying to strike a balance in our response right now. We want to lean forward and be aggressive, but we want our actions to be evidence-based and appropriate to the current circumstance. For example, CDC does not currently recommend the use of face masks for the general public. The virus is not spreading in the general community. While it is cold and flu season, we don't routinely recommend the use of face masks by the public to prevent respiratory illness and certainly are not recommending that at this time for this new virus. But I want to reiterate that everyone has a role to play, as we work together to contain the spread of this virus. We have extensive guidance and information on our website at www.cdc.gov/ncov. As we have said this situation continues to evolve sometimes hour by hour and day by day and our website remains the best up-to-date information. We'd be happy to take questions.

Ben Haynes: Thank you. Ashley, we're ready for questions.

Operator: We will now begin the question and answer session. If you'd like to ask a question, please star one. Please unmute your phone and record your name and affiliation when prompted. One moment, please, for your first question. Your first question comes from Jamie Ducharme with "Time" magazine. Your line is open.

Ducharme: Hi, I hoped that you could clarify a little bit as to the specific role that the American public can play. I know you said that you don't recommend wearing masks but what should people be thinking about doing as this news breaks?

Dr. Nancy Messonnier: Thank you. This is Dr. Messonnier. Two things we're asking the public to help us with. One is, if you are a traveler who is recently returned from the impacted area, we want you to be vigilant for the symptoms and signs of this novel coronavirus. That is a fever and a cough and if you have those symptoms, please call your health care provider. Similarly, if you've been identified by the health department as a close contact of a confirmed case, we want you to follow the guidance of the health department, that guidance is aimed to keep you safe and to keep this virus from spreading further. For the rest of the American public right now, we understand that folks are concerned. Our guidance is that at this time of year, the best things that you can do are the things that we generally

recommend at this time of year, to prevent the spread of infectious diseases. Wash your hands, cover your cough, take care of yourself, and keep alert to the information that we’re providing, because we’ll provide new information as it becomes available. Thank you.

Ducharme: Thank you.

Ben Haynes: Next question, please, Ashley.

Operator: Your next question comes from Leonard Bernstein with “Washington Post.” Your line is open.

Bernstein: Thanks a lot for taking my question. Actually, two questions. How many contacts now do you have to trace for this couple, and could you characterize the degree of illness, their degree of illness, if the average person were looking at them, would you say that’s a very gravely ill person, that’s a person who looks like they have the flu that’s a person who looks like they have the sniffles. How can the public get a handle on how sick they are?

Dr. Nancy Messonnier: Dr. Layden or Dr. Ezike, I think that’s to you.

Dr. Jennifer Layden: Hi there. This is Jen Layden from Illinois. Thank you for those questions. As far as the status of our two patients, the first patient is doing quite well, remains in hospitalization, remains hospitalized primarily for isolation. The second patient was admitted more recently and is stable.

Bernstein: Just to follow up, could you give us an idea of what this looks like, though, what this disease looks like, the symptoms look like in an actual patient?

Dr. Jennifer Layden: We don’t want to speak to individual patient information. I think it’s best to use data that’s come out from other places but again, I think it’s important to emphasize for these two individuals the first patient is doing quite well, and the second patient remains stable.

Dr. Nancy Messonnier: This is Dr. Messonnier. What I would say is information is still coming out but the information that has come out is consistent with what we’ve heard all along, which is that the majority of these patients start with fever and respiratory illness, cough, shortness of breath, that the patients that are having the most severe outcomes are still in older adults, and individuals with underlying illness, and that has been relatively consistent from the day they’re coming out from China, since they started early on.

Ben Haynes: Next question, please.

Operator: Your next question comes from Mike Stobbe with the associated press. Your line is open.

Stobbe: Hi, thank you for taking my call. Could you just tell us a little bit more about this latest case? His wife is in her 60s. Is he also in his 60s in how old is he? Does he or his wife have underlying illness? Did they live in a house or apartment? Did anyone else live with them, and could you answer the previous question a little bit more about the contacts, how many people are you interviewing or looking into as part of that contact phase in the investigation.

Dr. Nancy Messonnier: Dr. Layden, I know that you are very cautious to not give out information that is private, but perhaps you could provide a little more information?

Dr. Jennifer Layden: Absolutely. Certainly. We can provide what we are able to share. So, this individual is the husband of the first case, a similar age. He does have some underlying medical conditions and will remain in the hospital. As far as the contacts go, these two individuals had very close contact, they lived together, so sustained, prolonged close contacts. We are working closely to identify other potential close contacts, as well as contacts in other settings that could potentially have been exposed as well. We won't talk to the full extent of how many, but I can say that our investigative team is looking at day by day potential exposures to identify other individuals with various levels of potential contact.

Stobbe: You said similar age, also in his 60s, and can you say what the underlying medical condition is?

Dr. Jennifer Layden: So again yes, in his 60s. We won't speak to the underlying medical conditions.

Ben Haynes: Next question, please.

Operator: Your next question comes from Jacqueline Howard with CNN. Your line is open.

Howard: Yes, thanks for taking my question. I have two questions. One in particular about this case. Do we know the woman or the patient spread the virus to her husband before she was symptomatic, and my second question has to do with testing. We know that the incubation period for this virus is about 5.2 days, that was reported in the "New England Journal of Medicine." Can they check the virus in the incubation phase even when cases are not showing symptoms? Do we know that at all as well?

Ben Haynes: Nancy, why don't you answer these questions.

Dr. Nancy Messonnier: Actually, the first one is probably for the state. If you want to talk more specifically about that, what you feel comfortable talking about and I'll take the second one.

Dr. Jennifer Layden: Yes, sure. From what we know we believe the husband was exposed to his spouse while she was symptomatic.

Dr. Nancy Messonnier: In terms of the second question about incubation period, as I said previously on these calls the data really is coming out quickly and we need to be synthesizing it all. The information from the article you're talking about is a series of patients compared to the 7,700 cases that have been reported so far in China. It is a relatively small series, important but relatively small. We're still using as a general principle the incubation period being somewhere between 2 to 14 days. That is not exactly what you asked but I wanted to be clear about that. The second question that you're asking is, is it possible to detect this virus before somebody is symptomatic, and the answer is we don't know yet, and we're looking closely to see if we can. The looking takes two distinct ways. One is part of our looking at the contacts around these cases is taking samples from them and perhaps hoping that not only will we fulfill a public health mission by doing that but trying to learn more about how the virus is transmitted. There are also serological tests developed in the United States and elsewhere that could potentially help us learn more about at a population level how exposure is taking place. Finally, I guess I would say that it's good news that there will be soon a WHO Mission in to China. There's much to learn from there, more detailed experience that is by far where the vast majority of cases are and hopefully looking in detail at their data will help us with this specific question which is certainly something that the public health authorities in the United States would benefit from knowing.

Ben Haynes: Ashley, we have —

Howard: if I may —

Ben Haynes: sorry, go ahead.

Operator: Your next question comes from Dennis Thompson with “Health Day.” Your line is open.

Thompson: thank you for taking our questions. So given that there is this transmission going on, I know that Illinois has been a little concerned about sharing more information about the patients, but you know, at what point do you think we’re going to be able to learn more about where the hospital is where these folks are to help if for nothing else to contain concern from the public?

Dr. Nancy Messonnier: Illinois, do you want to respond? Somebody in Illinois or the state, do you want to respond to that question, from your perspective?

Dr. Jennifer Layden: Could you repeat the question, please?

Dr. Ngozi O. Ezike: Hi, this is Dr. Ezike. So, the hospital for the first confirmed case was already identified by the hospital, and so since the hospital was able to identify themselves, that information is out. We won’t get into the details of the second case.

Ben Haynes: Ashley, we have time for one more question.

Dr. Nancy Messonnier: Maybe I’ll just add, though, that again, from the CDC perspective, the issue of whether the public needs to know about the hospital is an important clarification. The health care workers in the hospital are a huge priority for protection, and health department at the state and local level are working with the hospital to ensure that their workers are protected. Because we do not believe that that patient who is in isolation is at risk to his community, the health department is making the decision that that’s not information that they’re releasing right now. Dr. Ezike, does that sound right?

Dr. Ngozi O. Ezike: That’s absolutely correct. Thank you.

Ben Haynes: Ashley, we have time for one more question, please.

Operator: Your last question comes from Kristen Thometz with WTTW news. Your line is open.

Thometz: Hi, thank you for taking my question. I know with regard to the first Chicago case, it was stated that the patient didn’t travel a lot upon returning from her trip to china. I was wondering what you could talk about in terms of the second case and his movements around the community.

Dr. Jennifer Layden: Hi, this is Jen Layden from Illinois. This is an active investigation and we continue to learn information, as we talk to the husband, as well as individuals who he has spent time with, who we will be looking at that. He did not have travel, similar to his wife, and has had close contact with her since her return to the U.S. And we are looking at all the potential areas of exposure for him to reach out to those contacts.

Dr. Nancy Messonnier: I will add to that, that we do know from extensive interviewing that he was not attending mass gatherings. I know that would be of concern.

###

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES [↗](#)

CDC works 24/7 protecting America's health, safety and security. Whether disease start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

Page last reviewed: January 30